2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Secretary of State DOCUMENT # L03000033080 1. Entity Name TROÝ PIZZA, LLC Principal Place of Business Mailing Address 1111 US 231 SOUTH 1326 EAST LUMSDEN ROAD TROY, AL 36081 BRANDON, FL 33511 CR2E083 (10/03) 04132005 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0206426 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE NORMAN, CHRISTOPHER H 315 S. HYDE PARK AVENUE TAMPA, FL 33606 🔔 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable DATE (NOTE Registered Agent signature required when reinstalling) Filing Fee is \$50.00 Due by May 1, 2005 U00000343928 04/29/05-80114-021 50.00 MANAGING MEMBERS/MANAGERS g. MGR TITLE NAME KAZBOURF, TALAL A STREET ADDRESS 1326 EAST LUMSDEN ROAD CITY-ST-ZIP BRANDON, FL 33511 TITLE NAMS STREET ADDRESS CITY ST- ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Apr 29, 2005 08:00 AM

Daytime Phone